



**UNITED STATES
AIR FORCE**



OCCUPATIONAL SURVEY REPORT



**OCCUPATIONAL THERAPY
AFSC 4J0X1**

OSSN 2397

APRIL 2000

**OCCUPATIONAL ANALYSIS PROGRAM
AIR FORCE OCCUPATIONAL MEASUREMENT SQUADRON
AIR EDUCATION AND TRAINING COMMAND
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PREFACE

This report presents the results of an Air Force Occupational Survey of Air Force Specialty Code (AFSC) 4J0X1, Occupational Therapy. Authority for conducting occupational surveys is contained in AFI 36-2623. Computer products used in this report are available for use by operations and training officials.

The survey instrument was developed by Second Lieutenant Brandon Maroon. Computer programming support was provided by Ms. Jeanie Guesman. Captain David Keller analyzed the data and wrote the final report. This report has been reviewed and approved by Lieutenant Colonel Roger Barnes, Chief, Airman Analysis Section, Occupational Analysis Flight, Air Force Occupational Measurement Squadron (AFOMS).

Copies of this report are distributed to Air Staff sections, major commands, and other interested training and management personnel. Additional copies are available upon request to AFOMS/OMYXI, 1550 5th Street East, Randolph Air Force Base, Texas 78150-4449, or by calling DSN 487-5543. For information on the Air Force occupational survey process or other on-going projects, visit our web site at <http://www.omsq.af.mil>.

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SUMMARY OF RESULTS

1. **Survey Coverage:** The AFSC 4J0X1 career ladder was surveyed to provide current job and task data for use in updating career ladder documents and training programs. Survey results are based on responses from 41 active duty respondents, accounting for 84 percent of the total surveyed population.
2. **Specialty Jobs:** This is an extremely homogeneous career ladder, highlighted by the fact that only one specialty job was identified for this study—the “Occupational Therapist Job.” This job accounts for 37 of the 41 respondents. Thus, virtually all AFSC 4J0X1 members perform the same core tasks, regardless of seniority or medical facility supported.
3. **Career Ladder Progression:** Survey data clearly show an atypical career ladder progression for AFSC 4J0X1 members. Minor distinctions between skill level groups appear as members progress through the career field and perform more tasks “over and above” those associated with their primary responsibilities in the Occupational Therapist Job. In general, once members demonstrate proficiency in the performance of their primary duties, they begin to perform more training, supervision, or management tasks.
4. **Training Analysis:** Training documents appear, on the whole, to be well supported by survey data. Some elements with only knowledge-level coding have high percentages of personnel performing matched tasks and should be reviewed by training personnel for possible upgrade to performance-level coding. In addition, there were some technical tasks performed by 20 percent or more respondents of the STS target groups, but were not referenced to any STS element. These elements should be considered for inclusion in the STS.
5. **Job Satisfaction:** Job satisfaction indicators are relatively high for AFSC 4J0X1 members, especially when compared to a sample of other medical AFSCs studied during a similar time period. Current survey ratings are generally consistent with--and in many cases higher than--the 1996 AFSC 4J0X1 survey. First-enlistment respondents show higher ratings in perceived utilization of both talents and training (although these same airmen had lower ratings regarding their sense of accomplishment gained from work). Members across all TAFMS groups show higher reenlistment intentions.
6. **Implications:** The current AFSC 4J0X1 career ladder structure reflects an atypical job progression, as the vast majority of AFSC 4J0X1 personnel are performing work within the Occupational Therapy Job. Career ladder training documents are supported by survey data, with some items warranting further review. Overall, job satisfaction is relatively high among AFSC 4J0X1 career ladder incumbents.

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OCCUPATIONAL SURVEY REPORT (OSR)

OCCUPATIONAL THERAPY (AFSC 4J0X1)

INTRODUCTION

This is an Occupational Survey Report of the Occupational Therapy career ladder conducted by the Air Force Occupational Measurement Squadron. Authority for conducting occupational surveys is contained in AFI 36-2623. Computer products used in this report are available for use by operations and training officials. Survey data will be used to identify current utilization patterns among career ladder personnel and evaluate career ladder documents and training programs. The last OSR published for this career ladder was in September 1996.

Background

As described in AFMAN 36-2108, *Airman Classification*, 31 October 1999, Specialty Description, Occupational Therapy personnel plan, implement, and manage the delivery of occupational therapy services. They maintain standards of care and ethical conduct set by the American Occupational Therapy Association and participate in planning, providing, and evaluating patient care. They train patients in exercise and activities of daily living and conduct treatment utilizing special equipment, modalities, and other treatment procedures. These personnel also fabricate splints and assistive devices to protect or assist patients in achieving optimal independent physical function. In addition, they observe, record, and report patient responses to treatment.

Personnel entering the AFSC 4J0X1 career ladder must attend the J3AQR4J031, Medical Service Apprentice course, located at Sheppard AFB TX. This course provides training to personnel in basic medical principles.

In addition, entry-level AFSC 4J0X1 members must attend the J5ABA4J0X1, Occupational Therapy Apprentice course, located at Ft Sam Houston TX. This course provides training in anatomy, kinesiology, psychology, as well as physical and mental clinic conditions. Students are instructed in woodworking, leatherworking, and ceramics (splints, casts, therapeutic aids, etc.). This course prepares students to assist patients recovering from both physical and psychosocial dysfunction.

Entry into the AFSC 4J0X1 career ladder currently requires an Armed Forces Vocational Aptitude Test Battery (ASVAB) score of General - 53. A strength factor of "G" (weight lift of 40 lbs) is also required.

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SURVEY METHODOLOGY

Inventory Development

The data collection instrument for this occupational survey was USAF Job Inventory (JI) Occupational Survey Study Number (OSSN) 2397, dated June 1999. A tentative task list was prepared after reviewing pertinent career ladder publications and directives, pertinent tasks from the previous survey instrument, and data from the last OSR. The preliminary task list was refined and validated through personal interviews with 7 subject-matter experts (SMEs) at the following training locations and operational installations:

<u>BASE</u>	<u>UNIT VISITED</u>
Lackland AFB, TX	959th Medical Operations Squadron (Wilford Hall Medical Center)
Wright-Patterson AFB, OH	74th Medical Operations Squadron

The resulting JI contains a comprehensive listing of 277 tasks grouped under 10 duty headings, and a background section requesting such information as grade, base, MAJCOM assigned, job title, and medical facility assigned.

Survey Administration

From June-November 1999, base training offices at operational units worldwide administered the inventory to eligible AFSC 4J0X1 personnel. Job incumbents were selected from a computer-generated mailing list obtained from personnel data tapes maintained by the Air Force Personnel Center, Randolph AFB TX.

Each individual who completed the inventory first completed an identification and biographical information section and then checked each task performed in his or her current job. After checking all tasks performed, each member then rated each of these tasks on a 9-point scale, showing relative time spent on that task, as compared to all other tasks checked. The ratings ranged from 1 (very small amount time spent) through 5 (about average time spent) to 9 (very large amount time spent).

To determine relative time spent for each task checked by a respondent, all of the incumbent's ratings are assumed to account for 100 percent of his or her time spent on the job and are summed. Each task rating is then divided by the total task ratings and multiplied by 100 to provide a relative percentage of time for each task. This procedure provides a basis for comparing tasks in terms of both percent members performing and average percent time spent.

Survey Sample

Personnel were selected to participate in this survey so as to ensure an accurate representation across major commands (MAJCOM) and military paygrade groups. All eligible AFSC 4J0X1 Active Duty personnel were mailed survey diskettes.

Table 1 reflects the percentage distribution, by Duty AFSC (DAFSC), of assigned AFSC 4J0X1 personnel as of July 1999. The 41 respondents in the final sample represent 76 percent of the total assigned personnel and 84 percent of the total surveyed personnel. Table 2 reflects paygrade and MAJCOM distributions for this study. Data from these tables indicate that the survey sample is an accurate representation of the overall AFSC 4J0X1 population.

TABLE 1

DAFSC DISTRIBUTION OF SURVEYED PERSONNEL

DAFSC	PERCENT ASSIGNED*	PERCENT ELIGIBLE**	PERCENT IN SAMPLE
4J031	20	23	15
4J051	52	53	49
4J071	24	20	34
4J091	4	4	2

TOTAL ASSIGNED* = 54

TOTAL SURVEYED** = 49

TOTAL IN SURVEY SAMPLE = 41

PERCENT OF ASSIGNED IN SAMPLE = 76%

PERCENT OF SURVEYED IN SAMPLE = 84%

* Assigned strength as of July 1999

** Excludes personnel in PCS, student, or hospital status, or less than 6 weeks on the job

TABLE 2

PAYGRADE / COMMAND DISTRIBUTION OF TOTAL SURVEY SAMPLE.

PAYGRADE	PERCENT OF ASSIGNED*	PERCENT OF ELIGIBLE*	PERCENT OF SAMPLE
E-1 - E-3	15	16	15
E-4	7	8	7
E-5	54	57	59
E-6	9	7	10
E-7	9	8	7
E-8	6	4	2
E-9	N/A	N/A	N/A
COMMAND	PERCENT OF ASSIGNED*	PERCENT OF ELIGIBLE*	PERCENT OF SAMPLE
AETC	46	49	47
AFMC	19	18	20
AMC	26	23	24
PACAF	2	2	2
USAFE	7	8	7

* As of July 1999

Task Factor Administration

Job descriptions alone do not provide sufficient data for making decisions about career ladder documents or training programs. Task factor information is needed for a complete analysis of the career ladder. To obtain the needed task factor data, selected senior AFSC 4J0X1 personnel (generally E-6 or E-7 craftsmen) also completed a second diskette for either training emphasis (TE) or task difficulty (TD). These diskettes were processed separately from the JIs. This information is used in a number of different analyses discussed in more detail within the report.

Training Emphasis (TE): TE is a rating of the amount of emphasis that should be placed on tasks in entry-level training. The 17 senior Non-Commissioned Officers (NCOs) who completed a TE diskette were asked to select tasks they felt require some sort of structured training for entry-level personnel from their respective career ladders.

These senior NCOs then indicated how much training emphasis these tasks should receive, from 1 (extremely low emphasis) to 9 (extremely high emphasis). Structured training is defined as training provided at resident training schools, field training detachments (FTD), mobile training teams (MTT), formal on-the-job-training (OJT), or any other organized training method.

Interrater agreement for these raters was acceptable. The average TE rating was 3.65, with a standard deviation of 1.93. Therefore, any task with a TE rating of 5.58 or above is considered to have high TE.

Task Difficulty (TD): TD is an estimate of the amount of time needed to learn how to do each task satisfactorily. The 18 senior NCOs who completed TD diskettes were asked to rate the difficulty of each task using a 9-point scale (extremely low to extremely high).

Interrater reliability for these raters was acceptable. Ratings were standardized so tasks have an average difficulty of 5.00 and a standard deviation of 1.00. Thus, any task with a TD rating of 6.00 or above is considered to be difficult to learn.

When used in conjunction with the primary criterion of percent members performing, TE and TD ratings can provide insight into first-enlistment (airmen with 1-48 months in service) and first-assignment personnel (airmen with 1-48 months in their respective career field) training requirements. Such insights may suggest a need for lengthening or shortening portions of instruction supporting entry-level jobs.

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SPECIALTY JOBS

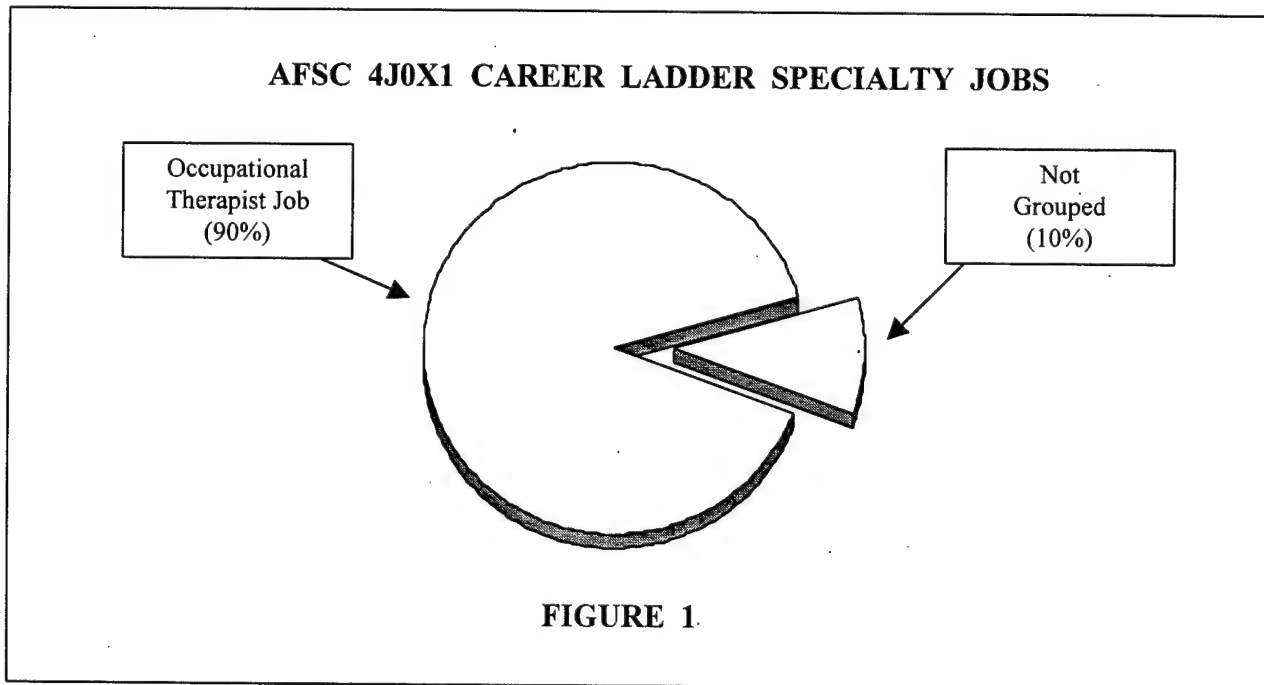
Career Ladder Structure

The first step in the analysis process is to identify the structure of the career ladder in terms of the jobs performed by the respondents. The Comprehensive Occupational Data Analysis Program (CODAP) assists by creating an individual job description for each respondent based on the tasks performed and relative amount of time spent on these tasks. The CODAP automated job clustering program then compares all the individual job descriptions, locates the two descriptions with the most similar tasks and time spent ratings, and combines them to form a composite job description. In successive stages, CODAP either adds new members to this initial group, or forms new groups based on the similarity of tasks and time spent ratings.

The basic group used in the hierarchical clustering process is the ***Job***. When two or more jobs have a substantial degree of similarity, in tasks performed and time spent on tasks, they are grouped together and identified as a ***Cluster***. The structure of the career ladder is then defined in terms of jobs and clusters of jobs.

Overview of Specialty Jobs

Figure 1 illustrates the specialty job structure identified for AFSC 4J0X1 personnel. As can be seen--based on the analysis of tasks performed and the amount of time spent performing each task--only one job was identified within this career ladder. This was the "Occupational Therapist Job." Of the 41 respondents in this study, 37 of them (90 percent) were in the Occupational Therapist Job. The remaining 4 respondents--10 percent of the survey sample--did not group in this job based on their survey responses.



Group Description

OCCUPATIONAL THERAPIST JOB

OCCUPATIONAL THERAPIST JOB (ST005). As previously stated, the 37 members of this job comprise 90 percent of the total survey sample. Table 3 shows that 59 percent of their duty time is spent in Duty A (*Performing Therapy Assessment or Treatment of Patients*). Members in the Occupational Therapist Job perform an average of 131 tasks, to include:

- Apply methods to improve range of motion
- Apply methods to improve strength
- Fit patients for splints
- Instruct patients on use of splints
- Fabricate or design static splints
- Write subjective, objective, assessment, and plan (SOAP) progress notes
- Document performance of patients
- Measure active range of motion (AROM) and passive range of motion (PROM) of elbows
- Measure AROM and PROM of wrists
- Measure AROM and PROM of hands or digits
- Measure AROM and PROM of thumbs
- Measure AROM and PROM of forearms
- Measure grip strengths
- Implement wrist treatment plans
- Review medical records of patients
- Measure pinch strengths
- Instruct patients on use of therapeutic devices
- Instruct patients on scar modeling
- Fabricate or design adaptive equipment
- Instruct patients on joint protection
- Implement hand treatment plans
- Operate fluidotherapy equipment
- Conduct follow-up evaluations of edema of upper extremities
- Apply paraffin treatments
- Apply methods to improve endurance
- Apply energy conservation techniques

As shown in Table 4, members in this job average 10½ years of service, but average only 4 years in the AFSC 4J0X1 career field (68 percent have less than 48 months in the career field). The predominant paygrade for this job is E-5.

TABLE 3

RELATIVE PERCENT TIME SPENT ON DUTIES BY SPECIALTY JOBS

DUTIES

A	PERFORMING THERAPY ASSESSMENT OR TREATMENT OF PATIENTS
B	PERFORMING TREATMENT MODALITY ACTIVITIES
C	ADMINISTERING OR REEVALUATING STANDARD EVALUATION TESTS
D	INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES
E	MAINTAINING THERAPEUTIC TOOLS AND EQUIPMENT
F	PERFORMING MEDICAL READINESS ACTIVITIES
G	PERFORMING MANAGEMENT AND SUPERVISORY ACTIVITIES
H	PERFORMING TRAINING ACTIVITIES
I	PERFORMING GENERAL ADMINISTRATIVE ACTIVITIES
J	PERFORMING GENERAL SUPPLY AND EQUIPMENT ACTIVITIES

Occupational Therapist Job (ST005) (N=37)
59
5
1
2
2
3
10
4
11
3

TABLE 4

SPECIALTY JOB SELECTED BACKGROUND DATA

	Occupational Therapist Job (ST005)
NUMBER IN GROUP	37
PERCENT OF SAMPLE	90%
PERCENT IN CONUS	92%
PREDOMINANT PAYGRADES	E-5
PERCENT SUPERVISING	41%
AVERAGE YEARS IN MILITARY SERVICE	10½ years
AVERAGE YEARS IN CAREER FIELD	4 years
PERCENT WITH 1-48 MONTHS IN SERVICE	16%
PERCENT WITH 1-48 MONTHS IN CAREER FIELD	68%
AVERAGE NUMBER OF TASKS PERFORMED	131 tasks

Comparison to Previous Survey

Table 5 shows the specialty job structure identified in this report compared to the jobs identified in the 1996 AFSC 4J0X1 Occupational Survey Report. As shown, the current Occupational Therapy specialty job structure is much less specialized than was identified in the 1996 OSR.

In 1996, there were three jobs identified within the AFSC 4J0X1 career ladder: (1) the Physical Disabilities Job, (2) the Mental Health Job, and (3) the Supervisor Job. However, only one job was found in the current survey: the Occupational Therapist Job. Clearly, the career ladder has experienced some changes since the last survey--most notably a diminished role in formalized mental health programs.

In addition, the specialty job structure for the 2000 survey did not identify a separate job for supervisors. This indicates that, at least in terms of the core tasks performed on the job, most members of the Occupational Therapy career ladder perform basically the same tasks in their job, regardless of whether they supervise other members. (NOTE: most of the members in the "not grouped" category in the 2000 survey were in some type of supervisory/management role, although there were too few of them to form a separate job group).

TABLE 5

SPECIALTY JOB COMPARISON BETWEEN CURRENT AND PREVIOUS SURVEYS

CURRENT SURVEY (2000) (N=41)		PREVIOUS SURVEY (1996) (N=35)	
Job Identified	Percent of Sample	Job Identified	Percent of Sample
Occupational Therapy Job	90%	Physical Disabilities Job	46%
<i>(No similar job identified)</i>	<i>N/A</i>	Mental Health Job	26%
<i>(No similar job identified)</i>	<i>N/A</i>	Supervisor Job	28%
Not Grouped	10%	Not Grouped	0%

ANALYSIS OF DAFSC GROUPS FOR THE AFSC 4J0X1 CAREER LADDER

An analysis of DAFSC groups, in conjunction with analysis of the career ladder structure, is an important part of each occupational survey. The DAFSC analysis identifies differences in tasks performed at various skill levels. This information may then be used to evaluate how well career ladder documents, such as the AFMAN 36-2108, *Airman Classification, Specialty Description*, and the Career Field Education and Training Plan (CFETP), reflect what career ladder personnel are actually doing in the field.

Career Ladder Progression

The **JOB STRUCTURE** section of this report very clearly showed that, in terms of the most important tasks performed on the job, there are very few major differences between any subgroups of AFSC 4J0X1 career ladder members. Table 6 strongly supports this by displaying the relative percent time spent in each duty category across skill-level groups. As might be expected, an atypical pattern of progression is noted within the AFSC 4J0X1 career ladder, as members across all skill levels spend the majority of their time performing the technical tasks of the career ladder in Duty A (*Performing Therapy Assessment or Treatment of Patients*).

In other words, virtually all respondents spend similar amounts of time performing similar tasks, regardless of DAFSC, medical facility supported, etc. As a result, it is important to note that any differences discussed in this and subsequent sections of this report are highlighting relatively minor distinctions between these members as they progress in the career ladder—however, the core work performed remains essentially identical for all members.

With this understanding, Table 6 also shows a somewhat gradual progression of members in this career ladder. As members progress, they tend to perform more overall tasks, most often associated with training, supervision, or management (Duties G and H). Also, more senior AFSC 4J0X1 members tend to perform less administrative duties than their junior counterparts. Tables 7-9 list specific top tasks performed by respondents within each respective DAFSC group.

Table 10 compares DAFSC 4J031 members to DAFSC 4J051 members. As shown, AFSC 4J031 respondents perform more administrative tasks in general. DAFSC 4J051 airmen perform higher percentages of patient evaluation tasks, as well as more training and management tasks.

Table 11 compares DAFSC 4J051 members to DAFSC 4J071 members. DAFSC 4J051 respondents perform more core patient-care tasks, while DAFSC 4J071 personnel spend more time performing higher-order tasks, such as establishing work priorities and ensuring compliance with regulatory directives.

In summary, progression in this career ladder is atypical, with members across all DAFSC groups performing essentially the same core tasks within the Occupational Therapist Job. Minor distinctions between DAFSC groups appear as members progress in the career field and perform more tasks “over and above” those associated with their primary job.

TABLE 6

RELATIVE PERCENT TIME SPENT ON DUTIES BY DAFSC GROUPS

DUTIES	TOTAL SAMPLE (N=41)	DAFSC 4J031 (N=6)	DAFSC 4J051 (N=20)	DAFSC 4J071 (N=14)
A PERFORMING THERAPY ASSESSMENT OR TREATMENT OF PATIENTS	56	65	60	51
B PERFORMING TREATMENT MODALITY ACTIVITIES	4	6	5	3
C ADMINISTERING OR REEVALUATING STANDARD EVALUATION TESTS	1	1	1	2
D INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES	2	3	2	2
E MAINTAINING THERAPEUTIC TOOLS AND EQUIPMENT	2	2	2	2
F PERFORMING MEDICAL READINESS ACTIVITIES	3	1	3	3
G PERFORMING MANAGEMENT AND SUPERVISORY ACTIVITIES	12	4	9	15
H PERFORMING TRAINING ACTIVITIES	6	--	4	10
I PERFORMING GENERAL ADMINISTRATIVE ACTIVITIES	11	16	10	9
J PERFORMING GENERAL SUPPLY AND EQUIPMENT ACTIVITIES	3	2	4	3
AVERAGE NUMBER OF TASKS PERFORMED	125	88	122	148

-- " indicates less than 1 percent

TABLE 7

REPRESENTATIVE TASKS PERFORMED BY DAFSC 4J031 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=6)
I0267 Write subjective, objective, assessment, and plan (SOAP) progress notes	100
I0263 Review medical records of patients	100
A0016 Apply methods to improve range of motion	100
A0088 Measure AROM and PROM of wrists	100
A0085 Measure AROM and PROM of hands or digits	100
A0023 Apply methods to improve strength	100
I0266 Schedule patients for evaluations or treatments	100
A0087 Measure AROM and PROM of thumbs	100
B0114 Operate fluidotherapy equipment	100
A0057 Fit patients for splints	100
A0089 Measure grip strengths	100
A0084 Measure AROM and PROM of forearms	100
A0091 Measure pinch strengths	100
A0063 Implement wrist treatment plans	100
A0056 Fabricate or design static splints	100
A0066 Instruct patients on care of splints	100
A0083 Measure active range of motion (AROM) and passive range of motion (PROM) of elbows	100
I0261 Operate ADSs	100
A0078 Instruct patients on use of splints	100
A0079 Instruct patients on use of therapeutic devices	100
A0068 Instruct patients on energy conservation	100
A0052 Fabricate or design adaptive equipment	100
A0001 Apply energy conservation techniques	100
A0050 Document performance of patients	83
I0259 Maintain composite health care systems (CHCSs)	83
A0060 Implement hand treatment plans	83
A0065 Instruct patients on body positioning	83
A0076 Instruct patients on scar modeling	83
B0109 Apply cold packs or hot packs	83
I0258 Maintain administrative files	83
B0112 Instruct patients on thermal modalities	83
A0086 Measure AROM and PROM of shoulders	83
A0073 Instruct patients on joint protection	83
A0062 Implement shoulder treatment plans	83

Average Number of Tasks Performed: 88

TABLE 8

REPRESENTATIVE TASKS PERFORMED BY DAFSC 4J051 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=20)
A0050 Document performance of patients	100
A0016 Apply methods to improve range of motion	100
A0023 Apply methods to improve strength	100
A0057 Fit patients for splints	100
A0078 Instruct patients on use of splints	100
A0066 Instruct patients on care of splints	100
A0056 Fabricate or design static splints	100
A0029 Conduct follow-up evaluations of edema of upper extremities	100
I0267 Write subjective, objective, assessment, and plan (SOAP) progress notes	95
I0266 Schedule patients for evaluations or treatments	95
A0089 Measure grip strengths	95
A0085 Measure AROM and PROM of hands or digits	95
A0088 Measure AROM and PROM of wrists	95
I0261 Operate ADSs	95
A0083 Measure active range of motion (AROM) and passive range of motion (PROM) of elbows	95
A0087 Measure AROM and PROM of thumbs	95
A0108 Select therapeutic activities or treatments	95
A0084 Measure AROM and PROM of forearms	95
B0109 Apply cold packs or hot packs	95
A0052 Fabricate or design adaptive equipment	95
A0063 Implement wrist treatment plans	95
A0079 Instruct patients on use of therapeutic devices	95
A0073 Instruct patients on joint protection	95
A0107 Select adaptive equipment	95
A0076 Instruct patients on scar modeling	95
A0091 Measure pinch strengths	90
I0263 Review medical records of patients	90
A0060 Implement hand treatment plans	90
A0096 Perform functional assessments of hands or digits	90
B0110 Apply paraffin treatments	90
B0114 Operate fluidotherapy equipment	90
A0082 Instruct work simplification techniques	90
A0010 Apply methods to improve endurance	90
A0001 Apply energy conservation techniques	90

Average Number of Tasks Performed: 122

TABLE 9

REPRESENTATIVE TASKS PERFORMED BY DAFSC 4J071 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=14)
A0050 Document performance of patients	93
A0048 Develop therapeutic goals	93
A0108 Select therapeutic activities or treatments	93
I0267 Write subjective, objective, assessment, and plan (SOAP) progress notes	93
A0074 Instruct patients on prevention to improve health and wellness	93
I0263 Review medical records of patients	93
I0266 Schedule patients for evaluations or treatments	93
I0253 Assist patients in filling out forms	93
A0047 Counsel patients and families on occupational therapy services	86
I0251 Annotate patient treatment forms	86
I0261 Operate ADSs	86
A0016 Apply methods to improve range of motion	79
A0063 Implement wrist treatment plans	79
A0078 Instruct patients on use of splints	79
A0023 Apply methods to improve strength	79
A0051 Evaluate patient needs for therapeutic adaptation	79
A0075 Instruct patients on relaxation or stress management techniques	79
A0057 Fit patients for splints	79
A0056 Fabricate or design static splints	79
A0088 Measure AROM and PROM of wrists	79
A0089 Measure grip strengths	79
A0015 Apply methods to improve play or leisure interests and skills	79
A0083 Measure active range of motion (AROM) and passive range of motion (PROM) of elbows	79
A0084 Measure AROM and PROM of forearms	79
A0087 Measure AROM and PROM of thumbs	79
A0091 Measure pinch strengths	79
A0085 Measure AROM and PROM of hands or digits	79
A0060 Implement hand treatment plans	79
A0096 Perform functional assessments of hands or digits	79
A0098 Perform functional assessments of thumbs	79
A0099 Perform functional assessments of wrists	79
A0055 Fabricate or design dynamic splints	79
A0076 Instruct patients on scar modeling	79
A0010 Apply methods to improve endurance	79

Average Number of Tasks Performed: 148

TABLE 10

TASKS WHICH BEST DIFFERENTIATE BETWEEN
DAFSC 4J031 AND DAFSC 4J051 PERSONNEL
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 4J031 (N=6)	DAFSC 4J051 (N=20)	DIFFERENCE
I0258 Maintain administrative files	83	50	33
A0062 Implement shoulder treatment plans	83	50	33
C0131 Administer or reevaluate two-point discrimination tests	50	25	25
E0148 Clean woodworking tools	33	10	23
C0126 Administer or reevaluate Purdue Peg Board tests	50	30	20
A0107 Select adaptive equipment	33	95	-62
H0237 Counsel trainees on training progress	0	60	-60
A0094 Perform functional assessments of elbows	17	75	-58
H0244 Evaluate progress of trainees	0	55	-55
F0166 Initiate treatment for closed wounds	0	50	-50
F0179 Perform patient carries using hand or litter method	0	50	-50
F0161 Administer or practice cardiopulmonary resuscitation (CPR)	33	80	-47
H0243 Evaluate personnel to determine training needs	0	45	-45
G0191 Determine or establish logistics requirements, such as personnel, equipment, supplies, or workspace	0	45	-45
G0190 Counsel subordinates concerning personal matters	0	45	-45
I0255 Complete accident or incident reports	0	45	-45
A0106 Remove sutures	0	45	-45
J0269 Develop equipment checklists	0	45	-45
F0168 Initiate treatment for fractures	0	45	-45

TABLE 11

TASKS WHICH BEST DIFFERENTIATE BETWEEN
DAFSC 4J051 AND DAFSC 4J071 PERSONNEL
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 4J051 (N=20)	DAFSC 4J071 (N=14)	DIFFERENCE
B0109 Apply cold packs or hot packs	95	64	31
A0029 Conduct follow-up evaluations of edema of upper extremities	100	71	29
A0066 Instruct patients on care of splints	100	71	29
A0008 Apply methods to improve coordination	75	50	25
A0020 Apply methods to improve sensory awareness	75	50	25
A0052 Fabricate or design adaptive equipment	95	71	24
A0079 Instruct patients on use of therapeutic devices	95	71	24
A0090 Measure LE for splints	45	21	24
A0016 Apply methods to improve range of motion	100	79	21
G0192 Determine or establish work assignments or priorities	25	71	-46
A0005 Apply methods to improve community involvement skills	25	71	-46
G0204 Evaluate job hazards or compliance with Air Force Occupational Safety and Health (AFOSH) program	25	71	-46
H0245 Inspect training materials or aids for operation or suitability	25	71	-46
A0038 Conduct follow-up evaluations of problem solving skills	20	64	-44
G0197 Develop self-inspection or self-assessment program checklists	15	57	-42
C0121 Administer or reevaluate leisure or play history surveys	15	57	-42
F0172 Initiate treatment for second-degree burns	15	57	-42
H0239 Develop performance tests	15	57	-42
G0203 Evaluate inspection report findings or inspection procedures	15	57	-42
F0174 Initiate treatment for third-degree burns	10	50	-40
G0208 Evaluate personnel for promotion, demotion, reclassification, or special awards	20	57	-37

TRAINING ANALYSIS

Occupational survey data are one of many sources of information which can be used to assist in the development of training programs. At times, it may be beneficial to examine airmen at various points in their career. The primary methods of categorizing survey respondents are either by their total active federal military service (TAFMS) or their respective time in career field (TICF).

Using these methods, one can evaluate training by examining the percentage of first-enlistment (1-48 months TAFMS) members performing specific tasks, as well as TE and TD ratings (previously explained in the **SURVEY METHODOLOGY** section).

Training Emphasis (TE) and Task Difficulty (TD) Data

TE and TD data are secondary factors that can assist technical school personnel in deciding which tasks should be emphasized in entry-level training. These ratings, based on the judgments of senior career ladder Non-Commissioned Officers (NCOs) working at operational units in the field, are collected to provide training personnel with a rank-ordering of those tasks in the JI considered important for first-enlistment personnel training.

Tasks having the highest TE ratings for first-enlistment AFSC 4J0X1 personnel are listed in Table 12. Included for each task are (a) the percentage of 1-48 months TAFMS personnel performing, and (b) the TD rating.

Table 13 lists the tasks with the highest TD ratings. Included for each task are (a) the percentage of 1-48 months TAFMS personnel performing, (b) the percentage of 5- and 7-skill level members performing, and (c) the TE rating.

Automated Training Indicator (ATI) Data

When TE and TD data are combined with percentages of first-assignment personnel performing tasks, comparisons can then be made to determine if training adjustments are necessary. For example, tasks receiving high ratings on both TE and TD, accompanied by moderate to high percentages performing, may warrant resident training. Those tasks receiving high task factor ratings, but low percentages performing, may be more appropriately planned for OJT programs within the career ladder. Low task factor ratings may highlight tasks best omitted from training for first-enlistment personnel, but this decision must be weighed against percentages of personnel performing the tasks, command concerns, and criticality of the tasks.

To assist technical school personnel, AFOMS has developed a computer program that incorporates these secondary factors and the percentage of first-enlistment personnel performing each task to produce an Automated Training Indicator (ATI) for each task. These indicators range from "1" (very low training importance) to "18" (very high training importance), and correspond to training decisions listed and defined in the Training Decision Logic Table found in Attachment 2, AETCI 36-2601. ATI ratings allow course development personnel to quickly focus their attention on tasks which are most likely to qualify for initial resident course consideration.

Various lists of tasks, accompanied by TE and TD ratings, and where appropriate, ATI information, are contained in the **TRAINING EXTRACT** package and should be reviewed in detail by training school personnel. (For a more detailed explanation of ATI ratings, see Task Factor Administration in the **SURVEY METHODOLOGY** section of this report.)

Table 14 shows the tasks with the highest ATI ratings for this career ladder. ATI ratings of "18" indicate tasks which have extremely high training importance. In most instances, ATI ratings of "18" should normally be taught to both the knowledge and performance levels in a resident training setting. As shown, many tasks with high ATI ratings deal with active range of motion (AROM) and passive range of motion (PROM) issues.

TABLE 12

TASKS RATED HIGHEST IN TRAINING EMPHASIS

TASKS	TNG EMP (TE)	1-48 Mos PMP (N = 6)	TASK DIFF (TD)
A0050 Document performance of patients	7.86	83	6.17
A0056 Fabricate or design static splints	7.79	100	6.14
A0085 Measure AROM and PROM of hands or digits	7.79	83	4.97
A0089 Measure grip strengths	7.79	83	5.12
A0084 Measure AROM and PROM of forearms	7.71	83	5.03
A0083 Measure active range of motion (AROM) and passive range of motion (PROM) of elbows	7.71	83	5.10
A0088 Measure AROM and PROM of wrists	7.71	83	5.06
A0086 Measure AROM and PROM of shoulders	7.71	67	5.54
A0057 Fit patients for splints	7.64	100	5.80
A0091 Measure pinch strengths	7.64	83	4.83
A0016 Apply methods to improve range of motion	7.57	100	5.79
I0251 Annotate patient treatment forms	7.43	67	4.48
A0023 Apply methods to improve strength	7.36	100	5.03
A0048 Develop therapeutic goals	7.36	67	6.30
A0052 Fabricate or design adaptive equipment	7.21	100	6.55
A0078 Instruct patients on use of splints	7.14	100	4.05
A0087 Measure AROM and PROM of thumbs	7.14	83	5.17
A0107 Select adaptive equipment	7.00	33	4.71
A0054 Fabricate or design assistive or adaptive therapeutic devices	6.86	83	6.32
A0060 Implement hand treatment plans	6.86	67	6.26
A0073 Instruct patients on joint protection	6.79	83	4.99
A0066 Instruct patients on care of splints	6.71	100	4.36
I0267 Write subjective, objective, assessment, and plan (SOAP) progress notes	6.71	100	5.48

* Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE = 5.58)

** Average TD Rating is 5.00, and Standard Deviation is 1.00

TABLE 12 (Continued)

TASKS RATED HIGHEST IN TRAINING EMPHASIS

TASKS	TNG EMP (TE)	1-48 Mos PMP (N = 6)	TASK DIFF (TD)
A0104 Perform wound care using nonsurgical cleaning or redressing techniques	6.71	50	5.29
A0076 Instruct patients on scar modeling	6.64	67	4.85
A0029 Conduct follow-up evaluations of edema of upper extremities	6.64	67	4.91
A0108 Select therapeutic activities or treatments	6.64	67	5.66
B0110 Apply paraffin treatments	6.57	83	4.23
A0055 Fabricate or design dynamic splints	6.57	67	8.17
A0065 Instruct patients on body positioning	6.50	83	5.08
A0099 Perform functional assessments of wrists	6.50	50	5.85
A0096 Perform functional assessments of hands or digits	6.50	50	5.85
A0098 Perform functional assessments of thumbs	6.50	50	5.95
A0068 Instruct patients on energy conservation	6.43	100	4.47
B0114 Operate fluidotherapy equipment	6.36	83	4.24
A0031 Conduct follow-up evaluations of fine motor and dexterity of hands	6.36	50	6.15
A0063 Implement wrist treatment plans	6.29	83	5.74
A0103 Perform wound care using aseptic techniques	6.29	50	5.14
A0105 Perform wound debridements	6.29	33	6.33
A0067 Instruct patients on dressing	6.21	67	5.22
B0112 Instruct patients on thermal modalities	6.21	67	5.15
A0100 Perform infection control techniques	6.21	67	4.46
A0061 Implement home treatment plans	6.14	50	6.12
A0064 Instruct patients on body mechanics	6.14	50	5.18
F0161 Administer or practice cardiopulmonary resuscitation (CPR)	6.14	17	5.35
B0109 Apply cold packs or hot packs	6.00	67	3.53
A0079 Instruct patients on use of therapeutic devices	5.93	100	4.21
A0010 Apply methods to improve endurance	5.93	83	4.86

* Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE = 5.58)

** Average TD Rating is 5.00, and Standard Deviation is 1.00

TABLE 13

TASKS RATED HIGHEST IN TASK DIFFICULTY

TASKS	TASK DIFF (TD)	1-48 Mos PMP (N=6)	5-LVL PMP (N = 20)	7-LVL PMP (N = 14)	TNG EMP (TE)
A0055 Fabricate or design dynamic splints	8.17	67	85	79	6.57
B0116 Operate transcutaneous electrical nerve stimulation (TENS) Equipment	7.50	0	10	7	3.07
B0115 Operate neuromuscular electrical stimulation (ESTIM) units	7.32	0	10	14	2.79
B0113 Operate Baltimore therapeutic equipment (BTE) or primus Equipment	7.24	33	55	36	5.07
A0062 Implement shoulder treatment plans	6.75	67	50	64	5.36
A0017 Apply methods to improve reflex integration	6.58	33	55	50	3.93
A0052 Fabricate or design adaptive equipment	6.55	100	95	71	7.21
A0053 Fabricate or design ankle-foot orthoses (AFOs)	6.53	17	35	29	1.43
A0042 Conduct follow-up evaluations of sensorimotor skills and Performance	6.53	33	45	43	3.71
B0111 Apply ultrasound treatments	6.52	17	25	21	3.86
A0041 Conduct follow-up evaluations of reflexes	6.50	0	15	21	3.29
A0004 Apply methods to improve cognitive integration	6.38	67	55	71	4.07
A0028 Conduct follow-up evaluations of cognitive skills and Performance	6.36	50	45	57	3.43
A0105 Perform wound debridements	6.33	33	55	71	6.29
A0054 Fabricate or design assistive or adaptive therapeutic devices	6.32	83	85	64	6.86
C0129 Administer or reevaluate Semmes-Weinstein Monofilament tests	6.30	0	15	29	4.93
A0097 Perform functional assessments of shoulders	6.30	17	45	71	5.57
A0048 Develop therapeutic goals	6.30	67	75	93	7.36

NOTE 1: Average TD Rating is 5.00, and Standard Deviation is 1.00

NOTE 2: Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE = 5.58)

TABLE 13 (CONTINUED)

TASKS RATED HIGHEST IN TASK DIFFICULTY

TASKS	TASK DIFF (TD)	1-48 Mos PMP (N=6)	5-LVL PMP (N=20)	7-LVL PMP (N=14)	TNG EMP (TE)
A0060 Implement hand treatment plans	6.26	67	90	79	6.86
G0201 Establish organizational policies, such as operating instructions (OIs) or standard operating procedures (SOPs)	6.25	0	20	50	1.86
A0034 Conduct follow-up evaluations of independent living or daily living skills and performance	6.25	33	65	50	5.43
A0049 Develop work hardening resource files	6.21	17	25	21	3.29
A0007 Apply methods to improve conceptualization or comprehension	6.21	50	40	29	3.00
A0033 Conduct follow-up evaluations of in-home architectural barriers	6.19	0	5	14	2.86
A0003 Apply methods to improve child care skills and performance	6.18	17	5	21	1.00
H0238 Develop formal course curricula, plans of instruction (POIs), or specialty training standards (STs)	6.18	0	15	43	2.21
A0059 Implement elbow treatment plans	6.18	50	75	64	5.43
A0050 Document performance of patients	6.17	83	100	93	7.86
G0206 Evaluate or draft budget requirements	6.17	0	25	57	2.00
A0094 Perform functional assessments of elbows	6.15	0	75	71	5.93
A0031 Conduct follow-up evaluations of fine motor and dexterity of hands	6.15	50	80	64	6.36
G0230 Write or indorse performance reports or supervisory appraisals	6.15	0	25	57	1.07
A0056 Fabricate or design static splints	6.14	100	100	79	7.79
A0061 Implement home treatment plans	6.12	50	70	64	6.14

NOTE 1: Average TD Rating is 5.00, and Standard Deviation is 1.00

NOTE 2: Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE = 5.58)

TABLE 14

TASKS WITH THE HIGHEST AUTOMATED TRAINING INDICATOR (ATI) RATINGS

		1-48 Mos PMP (N=6)	TNG EMP (TE)	TASK DIFF (TD)	ATI
A0050	Document performance of patients	83	7.86	6.17	18
A0089	Measure grip strengths	83	7.79	5.12	18
A0085	Measure AROM and PROM of hands or digits	83	7.79	4.97	18
A0056	Fabricate or design static splints	100	7.79	6.14	18
A0083	Measure active range of motion (AROM) and passive range of motion (PROM) of elbows	83	7.71	5.10	18
A0086	Measure AROM and PROM of shoulders	67	7.71	5.54	18
A0084	Measure AROM and PROM of forearms	83	7.71	5.03	18
A0088	Measure AROM and PROM of wrists	83	7.71	5.06	18
A0091	Measure pinch strengths	83	7.64	4.83	18
A0057	Fit patients for splints	100	7.64	5.80	18
A0016	Apply methods to improve range of motion	100	7.57	5.79	18
I0251	Annotate patient treatment forms	67	7.43	4.48	18
A0023	Apply methods to improve strength	100	7.36	5.03	18
A0048	Develop therapeutic goals	67	7.36	6.30	18
A0052	Fabricate or design adaptive equipment	100	7.21	6.55	18
A0087	Measure AROM and PROM of thumbs	83	7.14	5.17	18
A0078	Instruct patients on use of splints	100	7.14	4.05	18
A0054	Fabricate or design assistive or adaptive therapeutic devices	83	6.86	6.32	18
A0060	Implement hand treatment plans	67	6.86	6.26	18
A0073	Instruct patients on joint protection	83	6.79	4.99	18
I0267	Write subjective, objective, assessment, and plan (SOAP) progress notes	100	6.71	5.48	18
A0066	Instruct patients on care of splints	100	6.71	4.36	18

NOTE 1: ATI Ratings range from 1 (very low training importance) to 18 (very high training importance)

NOTE 2: Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE = 5.58)

NOTE 3: Average TD Rating is 5.00, and Standard Deviation is 1.00

TABLE 14 (CONTINUED)

TASKS WITH THE HIGHEST AUTOMATED TRAINING INDICATOR (ATI) RATINGS

		1-48 Mos PMP (N=6)	TNG EMP (TE)	TASK DIFF (TD)	ATI
A0104	Perform wound care using nonsurgical cleaning or redressing techniques	50	6.71	5.29	18
A0029	Conduct follow-up evaluations of edema of upper extremities	67	6.64	4.91	18
A0076	Instruct patients on scar modeling	67	6.64	4.85	18
A0108	Select therapeutic activities or treatments	67	6.64	5.66	18
A0055	Fabricate or design dynamic splints	67	6.57	8.17	18
B0110	Apply paraffin treatments	83	6.57	4.23	18
A0065	Instruct patients on body positioning	83	6.50	5.08	18
A0099	Perform functional assessments of wrists	50	6.50	5.85	18
A0098	Perform functional assessments of thumbs	50	6.50	5.95	18
A0096	Perform functional assessments of hands or digits	50	6.50	5.85	18
A0068	Instruct patients on energy conservation	100	6.43	4.47	18
A0031	Conduct follow-up evaluations of fine motor and dexterity of hands	50	6.36	6.15	18
B0114	Operate fluidotherapy equipment	83	6.36	4.24	18
A0063	Implement wrist treatment plans	83	6.29	5.74	18
A0103	Perform wound care using aseptic techniques	50	6.29	5.14	18
A0067	Instruct patients on dressing	67	6.21	5.22	18
A0100	Perform infection control techniques	67	6.21	4.46	18
B0112	Instruct patients on thermal modalities	67	6.21	5.15	18
A0061	Implement home treatment plans	50	6.14	6.12	18
A0064	Instruct patients on body mechanics	50	6.14	5.18	18
A0079	Instruct patients on use of therapeutic devices	100	5.93	4.21	18
A0010	Apply methods to improve endurance	83	5.93	4.86	18
A0035	Conduct follow-up evaluations of joint protection techniques	67	5.93	5.27	18
A0082	Instruct work simplification techniques	67	5.93	4.51	18

NOTE 1: ATI Ratings range from 1 (very low training importance) to 18 (very high training importance)

NOTE 2: Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE = 5.58)

NOTE 3: Average TD Rating is 5.00, and Standard Deviation is 1.00

TABLE 14 (CONTINUED)

TASKS WITH THE HIGHEST AUTOMATED TRAINING INDICATOR (ATI) RATINGS

	1-48 Mos PMP (N=6)	TNG EMP (TE)	TASK DIFF (TD)	ATI
A0051	50	5.79	6.11	18
A0072	67	5.71	4.91	18
A0081	50	5.71	5.09	18
A0071	50	5.57	5.53	17
A0030	67	5.50	4.69	17
A0059	50	5.43	6.18	17
A0062	67	5.36	6.75	17
A0080	50	5.29	5.26	17
I0259	83	4.64	4.18	17
A0008	67	4.57	5.51	17
A0039	67	4.50	5.02	17
I0254	50	4.36	4.82	17
A0074	67	4.36	4.93	17
I0261	100	4.29	4.78	17
I0265	67	4.29	4.09	17
A0015	67	4.29	4.66	17
A0020	67	4.14	5.86	17
C0124	50	4.14	5.46	17
A0004	67	4.07	6.38	17
A0036	50	4.07	5.18	17
I0263	100	4.07	4.66	17
C0126	50	3.86	5.59	17
G0186	50	3.86	4.46	17
I0266	100	3.71	4.12	17

NOTE 1: ATI Ratings range from 1 (very low training importance) to 18 (very high training importance)

NOTE 2: Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE = 5.58)

NOTE 3: Average TD Rating is 5.00, and Standard Deviation is 1.00

Specialty Training Standard (STS)

A comprehensive review of STS 4J0X1, dated July 1999, compared STS items to survey data (based on assistance from subject-matter experts (SMEs) in matching JI tasks to STS elements). STS elements containing general knowledge information, mandatory entries, subject-matter-knowledge-only requirements, or basic supervisory responsibilities were not examined. Task knowledge and performance elements of the STS were compared against the standard set forth in AETCI 36-2601 and AFI 36-2623 (i.e., include tasks performed or knowledge required by 30 percent or more of the personnel in a skill level (criterion group) of the career ladder).

Overall, the STS provides comprehensive coverage of the work performed by personnel in this career ladder, with survey data supporting most of the essential elements. A few elements with only knowledge-level coding have high percentages of personnel performing matched tasks and should be reviewed by training personnel for possible upgrade to performance-level coding (Table 15).

Tasks not referenced to any element of the STS are listed at the end of the STS computer listing in the **TRAINING EXTRACT** for this report. There were several technical tasks performed by 20 percent or more respondents of the STS target groups, that were not referenced to any STS element. These tasks are included in Table 16.

A comprehensive listing of STS 4J0X1 analysis data is provided in the AFSC 4J0X1 **TRAINING EXTRACT**. Career field training personnel and SMEs should thoroughly review this document to determine if STS modification is warranted.

TABLE 15

EXAMPLES OF TECHNICAL TASKS PERFORMED BY AFSC 4J0X1 MEMBERS
SUGGESTED FOR REVIEW

TASKS	3-Lvl Course Phase I/II	5-Lvl CDC	TNG EMP	TASK DIFF	PERCENT MEMBERS PERFORMING				ATI
					Occup Therapist Job (N=37)	3-SKL LVL (N=6)	5-SKL LVL (N=20)	7-SKL LVL (N=14)	
15.3.2. Dynamic Splinting	--/--	B							
A0055 Fabricate or design dynamic splints			6.57	8.17	89	83	85	79	18
15.3.4. Adaptive Devices									
A0052 Fabricate or design adaptive equipment	1a/b	A	7.21	6.55	95	100	95	71	18
A0054 Fabricate or design assistive or adaptive therapeutic devices			6.86	6.32	84	83	85	64	18
15.3.6. Joint Protection	A/--	A							
A0073 Instruct patients on joint protection			6.79	4.99	95	83	95	79	18
15.3.7. Body Mechanics	A/--	A							
A0073 Instruct patients on body mechanics			6.14	5.18	84	50	85	79	18
15.3.8. Work simplification	A/--	A							
A0073 Instruct patients on work simplification techniques			5.93	4.51	86	67	90	79	18
19.3.1. Activity Education	A/A	--							
A0065 Instruct patients on body positioning			6.50	5.08	84	83	85	64	18
A0066 Instruct patients on care of splints			6.71	4.36	97	100	100	71	18
A0068 Instruct patients on energy conservation			6.43	4.47	92	100	85	79	18
19.3.2. Activity Modification	A/A	--							
A0051 Evaluate patient needs for therapeutic adaptation			5.79	6.11	76	50	75	79	18
A0074 Instruct patients on prevention to improve health and wellness			4.36	4.93	73	67	60	93	17

NOTE 1: Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE =5.58)

NOTE 2: Average TD Rating is 5.00, and Standard Deviation is 1.00

TABLE 16

EXAMPLES OF TASKS NOT REFERENCED TO THE AFSC 4J0X1 STS
SUGGESTED FOR POSSIBLE STS INCLUSION
(HIGH PERCENTAGES OF MEMBERS PERFORMING)

TASKS	TNG EMP	TASK DIFF	PERCENT MEMBERS PERFORMING				ATI
			Occup Therapist Job (N=37)	3-SKL LVL (N=6)	5-SKL LVL (N=20)	7-SKL LVL (N=14)	
A0089 Measure grip strengths	7.79	5.12	97	100	95	79	18
A0091 Measure pinch strengths	7.64	4.83	95	100	90	79	18
A0078 Instruct patients on the use of splints	7.14	4.05	100	100	100	79	18
A0060 Implement hand treatment plans	6.86	6.26	92	83	90	79	18
A0108 Select therapeutic activities or treatments	6.64	5.66	92	67	95	93	18
A0098 Perform functional assessments of thumbs	6.50	5.95	86	67	85	79	18
A0096 Perform functional assessments of hands or digits	6.50	5.85	89	67	90	79	18
A0096 Perform functional assessments of wrists	6.50	5.85	86	67	85	79	18
A0063 Implement wrist treatment plans	6.29	5.74	97	100	95	79	18
A0061 Implement home treatment plans	6.14	6.12	73	67	70	64	18
A0035 Conduct follow-up evaluations of joint protection techniques	5.93	5.27	89	83	85	79	18

NOTE 1: Mean TE Rating is 3.65, and Standard Deviation is 1.93 (High TE =5.58)

NOTE 2: Average TD Rating is 5.00, and Standard Deviation is 1.00

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JOB SATISFACTION ANALYSIS

An examination of the job satisfaction indicators of various groups can give career ladder managers a better understanding of some of the factors which may affect the job performance of airmen in the career ladder. Attitude questions covering job interest, perceived utilization of talents and training, sense of accomplishment from work, and reenlistment intentions were included to provide indications of job satisfaction.

Table 17 presents job satisfaction data for AFSC 4J0X1 TAFMS groups, together with TAFMS data for a comparative sample of other Medical career ladders surveyed during the same time period. AFSC 4J0X1 members rated higher than the comparative sample in virtually all categories. AFSC 4J0X1 respondents across all TAFMS groups had very high ratings regarding "perceived use of talents" and "perceived use of training."

An indication of how job satisfaction perceptions have changed over time is provided in Table 18, where data for the current survey respondents are presented, along with data from the 1996 AFSC 4J0X1 Occupational Survey Report. Reviewing this table, current survey ratings are generally consistent with--and in many cases higher than--the 1996 AFSC 4J0X1 survey. First-enlistment respondents show higher ratings in perceived utilization of both talents and training. However, these same airmen indicated lower satisfaction ratings regarding their sense of accomplishment gained from work (it should be noted that differences between these studies may likely be due to the relatively small number of personnel in each category). Members across all TAFMS groups show higher reenlistment intentions.

TABLE 17

COMPARISON OF AFSC 4J0X1 JOB SATISFACTION INDICATORS
BY TAFMS GROUPS (PERCENT MEMBERS RESPONDING)

	1-48 MOS TAFMS		49-96 MOS TAFMS		97+ MOS TAFMS	
	4J0X1 (N=6)	COMP SAMPLE* (N=359)	4J0X1 (N=5)	COMP SAMPLE* (N=217)	4J0X1 (N=30)	COMP SAMPLE* (N=428)
<u>EXPRESSED JOB INTEREST</u>						
INTERESTING	83	71	100	65	93	73
SO-SO	0	16	0	19	3	16
DULL	17	13	0	16	3	11
<u>PERCEIVED UTILIZATION OF TALENTS</u>						
FAIRLY WELL TO PERFECTLY	100	83	100	77	97	82
LITTLE OR NOT AT ALL	0	17	0	23	3	18
<u>PERCEIVED UTILIZATION OF TRAINING</u>						
FAIRLY WELL TO PERFECTLY	100	88	100	85	93	87
LITTLE OR NOT AT ALL	0	12	0	15	7	13
<u>SENSE OF ACCOMPLISHMENT</u>						
GAINED FROM WORK						
SATISFIED	67	69	100	58	87	69
NEUTRAL	0	14	0	17	0	11
DISSATISFIED	33	17	0	25	13	20
<u>REENLISTMENT INTENTIONS</u>						
YES, OR PROBABLY YES	50	47	80	54	80	62
NO, OR PROBABLY NO	50	53	20	46	0	14
PLAN TO RETIRE	N/A	N/A	N/A	0	20	24

* NOTE: Comparative sample of Medical career ladders consists of:
AFSC 4J0X2 (Physical Therapy), AFSC 4P0X1 (Pharmacy), and AFSC 4U0X1 (Orthotics).

TABLE 18

COMPARISON OF CURRENT SURVEY AND PREVIOUS SURVEY BY
TAFMS GROUPS (PERCENT MEMBERS RESPONDING)

	1-48 MOS TAFMS		49-96 MOS TAFMS		97+ MOS TAFMS	
	2000 4J0X1 (N=6)	1996 4J0X1 (N=11)	2000 4J0X1 (N=5)	1996 4J0X1 (N=8)	2000 4J0X1 (N=30)	1996 4J0X1 (N=16)
<u>EXPRESSED JOB INTEREST</u>						
INTERESTING	83	82	100	88	93	84
SO-SO	0	9	0	12	3	11
DULL	17	9	0	0	3	5
<u>PERCEIVED UTILIZATION OF TALENTS</u>						
FAIRLY WELL TO PERFECTLY	100	82	100	88	97	90
LITTLE OR NOT AT ALL	0	18	0	12	3	10
<u>PERCEIVED UTILIZATION OF TRAINING</u>						
FAIRLY WELL TO PERFECTLY	100	91	100	88	93	83
LITTLE OR NOT AT ALL	0	9	0	12	7	17
<u>SENSE OF ACCOMPLISHMENT GAINED FROM WORK</u>						
SATISFIED	67	91	100	88	87	69
NEUTRAL	0	0	0	12	0	9
DISSATISFIED	33	9	0	0	13	22
<u>REENLISTMENT INTENTIONS</u>						
YES, OR PROBABLY YES	50	27	80	50	80	77
NO, OR PROBABLY NO	50	73	20	50	0	9
PLAN TO RETIRE	N/A	N/A	N/A	N/A	20	14

IMPLICATIONS

This survey was initiated to provide current job and task data for use in evaluating the AFMAN 36-2108, *Airman Classification*, Specialty Description, and appropriate training documents. Survey results indicate the present classification structure, as described in the latest specialty description, accurately portrays the work performed in this career ladder.

Career Ladder Progression. The career ladder progression for AFSC 4J0X1 members is atypical, with members across all skill levels performing essentially identical core tasks associated with the Occupational Therapist Job. As members progress, they tend to perform additional tasks, with an increased focus on training, supervision, or management. Also, more senior AFSC 4J0X1 members tend to perform less administrative duties than their junior counterparts.

Training. Training documents appear, on the whole, to be well supported by survey data. As pointed out in the **JOB SATISFACTION ANALYSIS** section, AFSC 4J0X1 personnel gave generally high ratings regarding their perceived utilization of training, thus indicating support for the overall training system.

Overall, the STS provides comprehensive coverage of the work performed by personnel in this career ladder, with survey data supporting most of the essential elements. Some elements with only knowledge-level coding have high percentages of personnel performing matched tasks and should be reviewed by training personnel for possible upgrade to performance-level coding. In addition, there were some technical tasks performed by 20 percent or more respondents of the STS target groups, but were not referenced to any STS element.

Job Satisfaction. Job satisfaction indicators are relatively high for AFSC 4J0X1 members, especially when compared to a sample of other medical AFSCs studied during a similar time period. Current survey ratings are generally consistent with--and in many cases higher than--the 1996 AFSC 4J0X1 survey. First-enlistment respondents show higher ratings in perceived utilization of both talents and training (although these same airmen had lower ratings regarding their sense of accomplishment gained from work). Members across all TAFMS groups show higher reenlistment intentions